

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	S.H.	75195	8/18/99
O.I.P.E. CLASSIFIER		15	8/22/99
FORMALITY REVIEW		63703	8/24/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/20/01
2	✓	✓	6/20/01
3	✓	✓	6/20/01
4	✓	✓	6/20/01
5	✓	✓	6/20/01
6	✓	✓	6/20/01
7	✓	✓	6/20/01
8	✓	✓	6/20/01
9	✓	✓	6/20/01
10	✓	✓	6/20/01
11	✓	✓	6/20/01
12	✓	✓	6/20/01
13	✓	✓	6/20/01
14	✓	✓	6/20/01
15	✓	✓	6/20/01
16	✓	✓	6/20/01
17	✓	✓	6/20/01
18	✓	✓	6/20/01
19	✓	✓	6/20/01
20	✓	✓	6/20/01
21	✓	✓	6/20/01
22	✓	✓	6/20/01
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24	✓	✓	6/20/01
25	✓	✓	6/20/01
26	✓	✓	6/20/01
27	✓	✓	6/20/01
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BEST AVAILABLE COPY

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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